Department of Labor and Industries

Claimant:

Billing Category

and Code

Mileage - 0301R

Parking - 0302R Bridge & Ferry Tolls - 0303R Commercial

Transportation - 0304R

Vendor Funds Allocated

Dates of Service

This form must be filled out by a Vocational Rehabilitation Counselor who has received a referral from the State Fund.



Vendor Name

Provider No.

1st 52 WEEK PERIOD

TRANSPORTATION COST ENCUMPRANCE

****	Counselor is responsible for sending
	a copy of this form to each vendor ****

Vendor Name

Provider No.

From:

THE STORTATION COST ENCOMBRANCE							
	Origi	nal	Modification				
		Date		Claim Nun	ıber		
	Vendor Name	Vendor Name	1st 5	evious 52 week Plan	Total L&I		
	Provider No.	Date	_	enditures	Funds		

To: To: To: To: Total L&I Transportation Funds Allocated in 1st 52 Weeks:

From:

Mileage Calculation

From:

From:

of training		Training site address						
1								
les in a round trip ((by the most direct rou							
2nd,	Multiply miles by:	The number of actual traini	ng days. X					
3rd, Multiply total miles by the current reimbursement rate: X								
	Equals Fundir	ng allotted for Plan Travel	0301R =					
of this form to the	e Injured Worker Ti	ravel Expense Voucher fo	rm (yellow),					
	Date	Signature		-				
	8	Phone No.	FAX No.					
<u>.</u> .	For Dept Use Only	v	,	:				
Date	Phone No.	Signature		00000700×01000000000				
	les in a round trip (2nd, 3rd) of this form to the (s)	les in a round trip (by the most direct round) 2nd, Multiply miles by: 3rd, Multiply total miles Equals Funding of this form to the Injured Worker Trues (s) Date	les in a round trip (by the most direct rout) from residence, during of training, to train 2nd, Multiply miles by: The number of actual traini 3rd, Multiply total miles by the current reimbursem Equals Funding allotted for Plan Travel of this form to the Injured Worker Travel Expense Voucher for (s) Date Signature Phone No.	les in a round trip (by the most direct rout) from residence, during the time of training, to training site. 2nd, Multiply miles by: The number of actual training days. 3rd, Multiply total miles by the current reimbursement rate: Equals Funding allotted for Plan Travel - 0301R of this form to the Injured Worker Travel Expense Voucher form (yellow), (s) Date Signature Phone No. FAX No.				